



Grant Expenditure Report

Fort Bend **CARES**
A Charitable Foundation

Complete the following Grant Expenditure Report and submit it along with the Project/Program Report to comply with the terms and conditions attached to the grant awarded by **Fort Bend CARES**.

Status reports and final reports should be based on budget submitted with the original proposal. Changes to proposal budget must be approved by **Fort Bend CARES**. Additional revenues or expenses allocated to the project/program during grant period should be communicated to Fort Bend CARES. Reasons for these changes should also be explained in the Project/Program Report.

Organization Information				
Organization Name:				
Organization ID:				
Grant ID:				
Project/Program:				
Amount of Grant:	\$			
Fiscal Year:				
Report Date:				
Grant Start Date:		Grant End Date:		
Type: <i>(circle one)</i>				
A. Personnel List annual salaries and show the percentage for each staff member allocated to project/program.				
Budget Components	Fort Bend CARES Funds	Approved Adjustments*	Other Funds	Total
B. Fringe Benefits				
C. Travel / Conferences				
D. Equipment				
E. Supplies (Include a detailed description for items listed.)				
F. Contractual				
G. Construction				
H. Fundraising				
I. Other (Include a detailed description for items listed.)				

<i>A. Foundations (List individually.)</i>			
	Requested	Approved	Received
<i>B. State and Federal Funds</i>			
<i>C. Other (Include any funds budgeted by your organization.)</i>			
<i>D. Fees / Program Income</i>			

Please submit the completed report to:

**Fort Bend Cares
c/o Grant Committee
14823 Southwest Freeway
Sugar Land, Texas 77478**